



# Global AIDS Program

## Country Profile — *China FY2004*

*Under the direction of the U.S. Global AIDS Coordinator's Office, the HHS/CDC Global AIDS Program (GAP) is a proud partner in the unified U.S. Government effort to implement the President's Emergency Plan for AIDS Relief. GAP helps resource-constrained countries prevent HIV infection; improve treatment, care and support for people living with HIV; and build capacity and infrastructure to address the global HIV/AIDS pandemic.*



### HIV/AIDS Situation in China

**HIV Infected:** 840,000<sup>1</sup>  
**AIDS Deaths:** 44,000<sup>1</sup>  
**AIDS Orphans:** Not available<sup>1</sup>

As of September 2003, the Ministry of Health (MOH) estimated a general population prevalence of 0.06 percent. The national HIV surveillance system of China has documented an average annual increase of 30 percent. Based on this rate of increase, the HIV caseload is estimated to reach 10 million by 2010. There is a wide variation of HIV prevalence across China, with high HIV rates in communities with a substantial number of drug users or a history of unsafe plasma collection. Since the first major HIV outbreak, injection drug users (IDUs) continue to be the main route of transmission. The 2003 national HIV survey preliminary finding estimated that 49 percent of the current HIV cases are attributable to IDUs. The second most common mode of HIV transmission results from the unsafe plasma collection that took place from 1992 to 1996. The 2003 National HIV survey estimated that about 22 percent of the current HIV caseload was attributable to the plasma collection.

### About GAP China

**Year Established:** 2002  
**FY 2004 Core Funds:** \$3 million US  
**In-country Staffing:** 2 CDC Staff; 1 contractor

#### Challenges to Program Implementation

China has limited technical and managerial capacity at all levels to implement prevention-oriented projects based on sound local situation analyses and planning. Limitations of rural health systems constrain AIDS-related service delivery. Access to basic medical care is a major issue for most rural AIDS patients; medical services, aside from antiretroviral treatment (ART), are not free.

The HIV surveillance system in China focuses on obtaining national estimates without paying sufficient attention to local surveillance needs. In most provinces, surveillance departments are poorly linked with other departments. There is resistance to using routine HIV screening data as a surveillance component.

**Website:**  
[www.cdc.gov/gap](http://www.cdc.gov/gap)



# FY2004 GAP China Achievements

Number of individuals who received counseling and testing at CDC/GAP-supported sites	17,720
Number of country nationals trained in the provision of laboratory activities	200
Number of HIV tests performed at CDC/GAP-supported laboratories	120,000
Number of individuals trained in surveillance methods and operations	500
Number of individuals trained by CDC/GAP for a technical program area	1,984
Number of organizations/agencies receiving CDC/GAP support for monitoring and evaluation activities	—

*Data above are from GAP China's 2004 Annual Report.*

## Critical Interventions for HIV/AIDS Prevention

- ◆ Piloted a proactive voluntary HIV counseling and testing (VCT) model in facilities for those individuals most vulnerable to HIV infection.
- ◆ Partnered with the World Health Organization (WHO) and Medecins sans Frontieres to establish a high-quality comprehensive program focused on risk reduction by developing a community-based care, treatment and support model for rural settings.

## Critical Intervention for HIV/AIDS Treatment and Care

- ◆ Developed plans for an AIDS clinic and training center in Lixin County of Anhui province. Once operational this center would develop human resources (primarily county-level doctors) for AIDS care and treatment in high-epidemic China CARES counties.
- ◆ Supported the MOH to develop a free antiretroviral (ARV) manual that included operational guidelines for

ARV distribution and administration in rural settings, monitoring and evaluating protocols, and establishment of a national database system for free ART.

- ◆ Assisted provinces to establish mechanisms for provision of health services in second phase of China Comprehensive AIDS Response Program (China CARES).

## Critical Intervention for HIV/AIDS Surveillance and Infrastructure Development

- ◆ Organized a Provincial Program Manager Training Program (PPMTP) to build capacity for project planning implementation and monitoring with participation from eight China CARES provinces.
- ◆ Expanded existing provincial-level networks by establishing 246 new sentinel sites for locally significant high-risk populations to supplement the existing 75 national sentinel sites and 127 provincially-run sentinel sites.
- ◆ Piloted a mechanism for collecting existing routine testing data from hospitals, blood banks, maternal and child health clinics, physical examinations for military recruitments, quarantine services and other testing facilities, in nine provinces.
- ◆ Improved operation of quality assurance activities and laboratory management to improve assistance given to government laboratory activities.
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